

RECEIVED
MAY 1 1951
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04116

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY <u>Talbot</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Pennsylvania</u> COUNTY <u>Delaware</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Easton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Morwood</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Easton Memorial Hospital</u>		STREET ADDRESS <u>61 Amosland Road.</u>	
3. NAME OF DECEASED (Type or Print) <u>Mr. Alexander</u>		4. DATE OF DEATH <u>April 6 1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>M</u>	8. DATE OF BIRTH <u>12-24-1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant Marine</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SEAMAN</u>	
11. BIRTHPLACE (State or foreign country) <u>Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Mr. Salem Blader</u>		14. MOTHER'S MAIDEN NAME <u>Mary Altan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>162-07-7708</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Alex Blader 61 Amosland Rd, Morwood Pa</u>		18. CERTIFICATION <u>1 day</u>	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause <u>322.2</u>		(a) <u>Gastric Hemorrhage</u>	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>77e</u>		(b) <u>alcoholic Gastritis</u>	
		(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR? Not While <input type="checkbox"/>
22. I hereby certify that I attended the deceased from <u>4-5-</u> , 19 <u>51</u> , to <u>4-6-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-6-</u> , 19 <u>51</u> , and that death occurred at <u>9:27 P.M.</u> m.m., from the causes and on the date stated above.			
SIGNATURE <u>B. Cope</u>		ADDRESS <u>2nd</u>	
DATE SIGNED			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>4/10/51</u>	
DATE REC'D BY LOCAL REG. <u>4/7/51</u>		NAME OF CEMETERY OR CREMATORIAL <u>Glenwood</u>	
		LOCATION (City, town, or county) <u>Morwood Pa</u>	
		24. FUNERAL DIRECTOR <u>A. H. Griffith</u>	
		ADDRESS <u>Morwood Pa</u>	
		673-546	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

APR 16 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04117

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH CITY (If outside corporate limits, write RURAL and give nearest town)		2. USUAL RESIDENCE (HOME) OF DECEASED STATE CITY (If outside corporate limits, write RURAL and give nearest town)			
COUNTY Talbot		COUNTY Maryland			
LENGTH OF STAY (in this place)		STREET ADDRESS (If rural, give location)			
TOWN Easton		TOWN 1275 Main Ave			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 375 Main Ave.		STREET ADDRESS Talbot Md.			
3. NAME OF DECEASED (Type or Print)	(First) Charles	(Middle)	(Last) Brumley		
4. DATE OF DEATH	(Month) April	(Day) 8	(Year) 1957		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH		
Male	White	Married	May 27-1858		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Foreign country)	12. CITIZEN OF WHAT COUNTRY		
Painter	Painter	Md. Maryland	USA		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
John Brumley	Susan Baldwin				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS			
No	218-10-4410	Brumley, John Brumley, Father			
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
Immediate cause	(a) 14 C V D	INTERVAL BETWEEN ONSET AND DEATH ?			
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	93d	arteriosclerosis, generalized			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?			
m.					
22. I hereby certify that I attended the deceased from , 1940, to April 8, 1957, that I last saw the deceased alive on 4-7-1957, and that death occurred at 3:55 p.m., from the causes and on the date stated above.					
SIGNATURE		ADDRESS		DATE SIGNED	
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	NAME OF CEMETERY OR CREMATORIUM	LOCATION (City, town, or county)	(State)
DATE REC'D BY LOCAL REG. 4/9/57		REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	

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APR 16 1851

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04118

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY <u>Talbot</u>			2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MARYLAND</u> COUNTY <u>Caroline</u>		
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Easton</u>			CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Federalburg</u>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>200 South Aurora Street</u>			STREET ADDRESS <u>Park Lane</u>		
3. NAME OF DECEASED (Type or Print) <u>Caroline Virginia Christopher</u>			4. DATE OF DEATH <u>April 4 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Nov. 2 1867</u>	9. AGE last birthday <u>83</u> yrs.	If under 1 year Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Dorchester Co., Maryland</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13. FATHER'S NAME <u>Robert D. Bradley</u>			14. MOTHER'S MAIDEN NAME <u>Catherine Hoble</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		
17. INFORMANT AND ADDRESS <u>Mrs. Roberta D. Bradley, Federalburg, Md.</u>					
18. MEDICAL CERTIFICATION					

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Hypertensive cardiovascular disease443X Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last
93d(b) Cardiac failure & uraemia

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

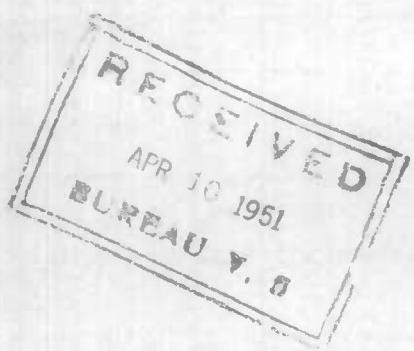
Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Apr. 8, 1951, to Apr. 8, 1951, that I last saw the deceasedalive on 5 Apr. 1951, and that death occurred at 1:20 p.m., from the causes and on the date stated above.
(Degree or title) ADDRESS DATE SIGNEDSIGNATURE Theresa HawaiianADDRESS 610DATE SIGNED Apr. 8 1951

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>April 8, 1951</u>	NAME OF CEMETERY OR CREMATORIAL <u>Hick Crest Cemetery</u>	LOCATION (City, town, or county) <u>Federalburg, Maryland</u>	(State)
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DATE REC'D BY LOCAL REG. <u>4/10/51</u>	REGISTRAR'S SIGNATURE <u>J. H. Neerius</u>	24. FUNERAL DIRECTOR <u>J. trampton & Son, Federalburg, Md.</u>	ADDRESS <u>120826</u>
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04119

Item 9, shown on:

ITEM NO. G 132 APR 25 1951

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH
CITY OR TOWNTALBOT
ChestertownMARYLAND
LENGTH OF STAY
(in this place)HOSPITAL OR
INSTITUTION OR
STREET ADDRESS2. USUAL RESIDENCE (HOME) OF DECEASED
CITY OR TOWN

COUNTY

TALBOT
Easton

(If rural, give location)

3. NAME OF
DECEASED
(Type or Print)

HELEN ELIZABETH Copper

(First) (Middle) (Last)

4. DATE
OF
DEATH
April 11 1951

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify)

8. DATE OF BIRTH

9. AGE last birthday
154 or 55 yrs.10. Months
1 year
If under 24 hrs
Days
Hours
Min.10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

House work

10b. KIND OF BUSINESS OR
INDUSTRY

House wife

11. BIRTHPLACE (State or foreign country)

TALBOT Co. Chestertown

12. CITIZEN OF WHAT
COUNTRY

A.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of
service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

Brasel Wells

18. MEDICAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Cerebral Vascular Accident

INTERVAL BETWEEN
ONSET AND DEATH

4 days

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

(b)

Conditions contributing to the death but not
related to the disease or condition causing death.

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not

related to the disease or condition causing death.

Left Hemiplegia

III. DATE OF OPERATION

19h. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No 21. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,
OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF
INJURYINJURY OCCURRED
While at Work Not While At work

HOW DID INJURY OCCUR?

m.

DATE SIGNED

T. M. 4-12-51

VS. A15

T. M. 4-12-51

RECEIVED
APR 18 1961
FBI - BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04120

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY <i>Talbot</i>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Md</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Federalsburg</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) TOWN <i>Easton</i>		LENGTH OF STAY (in this place) <i>7 hrs.</i>		STREET ADDRESS <i>Memorial Hospital</i>		(If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Memorial Hospital</i>							
3. NAME OF DECEASED (Type or Print) <i>Infant</i>		(First) (Middle) (Last) <i>Dean</i>		4. DATE OF DEATH <i>April 22 1951</i>		(Month) (Day) (Year)	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>white</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i></i>		8. DATE OF BIRTH <i>April 22 1951</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i></i>		10b. KIND OF BUSINESS OR INDUSTRY <i></i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i></i>	
13. FATHER'S NAME <i>Joseph Peter Dean</i>		14. MOTHER'S MAIDEN NAME <i>Kassie Stuart</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i></i>		16. SOCIAL SECURITY NO. <i></i>	
17. INFORMANT AND ADDRESS <i>Mother, Federalsburg</i>		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause
Premature

(a)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause

stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE <i></i>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <i></i>		(CITY OR TOWN) <i></i>		(COUNTY) <i></i>		(STATE) <i></i>	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at m. Not While Work <input type="checkbox"/> At work <input type="checkbox"/> <i></i>		HOW DID INJURY OCCUR?					

22. I hereby certify that I attended the deceased from *April 22, 1951*, to , 19, that I last saw the deceasedalive on *April 22, 1951*, and that death occurred at *9:06 A.M.* from the causes and on the date stated above.SIGNATURE
John Rawlins(Degree or title)
*MD*DATE SIGNED
Federalsburg Md 23 April 51

23. BURIAL, CREMATION REMOVAL (Specify) <i>Cremation</i>		DATE THEREOF <i>April 22, 1951</i>		NAME OF CEMETERY OR CREMATORIAL <i>Memorial Hospital</i>		LOCATION (City, town, or county) <i>Easton, Maryland</i>		(State) <i></i>	
DATE REC'D BY LOCAL REG. <i>7/22/51</i>		REGISTRAR'S SIGNATURE <i>J.H. Neeris</i>		24. FUNERAL DIRECTOR <i></i>		ADDRESS <i>Memorial Hospital - Easter</i>			

20-4-22-1-32-1-26-0

RECEIVED

APR 26 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04121

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY Talbot		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		LENGTH OF STAY (In this place) 4 days		STREET ADDRESS 306 North Street.		(If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital							
3. NAME OF DECEASED (Type or Print) Deborah	(First)	(Middle)	(Last)	4. DATE OF DEATH April 8	(Month)	(Day)	(Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced	8. DATE OF BIRTH April 4, 1951	9. AGE last birthday 4 yrs.	If under 1 year Months	If under 24 hrs. Days	If under 24 hrs. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Easton, Maryland		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME Mr. John C. Dodd, Jr.		14. MOTHER'S MAIDEN NAME Catherine Irma Lee Everogram		15. WAS DECEDAS EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS Mr. John C. Dodd Jr.		18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cerebral Hemorrhage

760.5 Antecedent cause(s)
 Diseases or conditions, if any, giving rise to the above cause
 stating the underlying cause last
 160a (b) Prematurity
 (c)

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 4-4, 1957, to 4-8, 1957, that I last saw the deceasedalive on April 8, 1957, and that death occurred at 1.29 P.M., from the causes and on the date stated above.
 SIGNATURE John E Bayliss (Degree or title) MD ADDRESS 214 Dover St DATE SIGNED 4-14-57

23. BURIAL, CREMATION REMOVAL (Specify) Incinerated	DATE THEREOF 4/9/57	NAME OF CEMETERY OR Crematory Memorial Hospital	LOCATION (City, town, or county) Easton	(State) Md
DATE REC'D BY LOCAL REG	4/9/57	REGISTRAR'S SIGNATURE <u>H. Nearies</u>	FUNERAL DIRECTOR Memorial Hospital, Easton	ADDRESS Md

Pt received w/ K gash & blood.

RECEIVED
APR 24 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04122

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY <u>Talbot</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Talbot</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>EASTON</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>EASTON</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Memorial Hospital</u>		STREET ADDRESS <u>R.F.B.</u> (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>Mrs. Anna Malin Christian Dulon</u>	(First) <u></u>	(Middle) <u></u>	(Last) <u></u>		
4. DATE OF DEATH <u>April 22</u>	(Month) <u>April</u>	(Day) <u>22</u>	(Year) <u>1951</u>		
5. SEX <u>f.</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 26, 1872</u>		
9. AGE last birthday yrs. <u>78</u>	If under 1 year Months <u></u>	If under 1 day Hours <u></u>	If under 24 hrs. Mins. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>N.Y.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>MD (Talbot Co.)</u>		
12. CITIZEN OF WHAT COUNTY? <u>ASB</u>		13. FATHER'S NAME <u>Mr. Charles Christian</u>	14. MOTHER'S MAIDEN NAME <u>Leurette Malin</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>XXXXXXXXXX</u>	17. INFORMANT AND ADDRESS <u>Mr George Emyer Dulon (same)</u>		
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause <u>Cerebral Arteriosclerosis</u> Antecedent cause(s) <u>Generalized Arteriosclerosis</u> Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last <u></u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>					
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, of office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) m.	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>Dec.</u> , 19 <u>49</u> , to <u>4/22</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>April 22</u> , 19 <u>51</u> , and that death occurred at <u>2:40</u> p.m., from the causes and on the date stated above.					
SIGNATURE <u>Stephens Keeler Jr. M.D.</u>	(Degree or title) <u>Easton</u>	DATE SIGNED <u>4/26/51</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>4/25/51</u>	NAME OF CEMETERY OR CREMATORIAL <u>Spring Hill</u>	LOCATION (City, town, or county) <u>Easton</u>	(State) <u>MD</u>	
DATE REC'D BY LOCAL REG. <u>4/23/51</u>	REGISTRAR'S SIGNATURE <u>N.H. Neeris</u>	FUNERAL DIRECTOR <u>M.E. Newman & Son</u>	ADDRESS <u>Easton, Md.</u>		

RECEIVED

MAY 1 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04123

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY Talbot Co.		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Easton		LENGTH OF STAY (in this place) 2 days	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Cordova, Maryland	
3. NAME OF DECEASED (Type or Print) Norman		4. DATE OF DEATH April 31 1951	
5. SEX m	6. COLOR OR RACE c	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH April 2, 1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm hand		10b. KIND OF BUSINESS OR INDUSTRY Unknown	
13. FATHER'S NAME William A Flame		11. BIRTHPLACE (State or foreign country) Delaware	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		12. CITIZEN OF WHAT COUNTRY USA	
16. SOCIAL SECURITY NO. Unknown		14. MOTHER'S MAIDEN NAME Amelia Funeral	
17. INFORMANT AND ADDRESS Samuel Flame, Cordova Md		18. MEDICAL CERTIFICATION Septicemia, possibly Brucellosis No blood report gave it positive (6-28-51 ams)	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 053.4	(a) Septicemia, possibly Brucellosis	INTERVAL BETWEEN ONSET AND DEATH 3 weeks
Antecedent cause(s) Diseases or conditions, if any. 240	(b) No blood report gave it positive (6-28-51 ams)	
giving rise to the above cause stating the underlying cause last		
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) OF INJURY	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> m.	(CITY OR TOWN) How did injury occur?
		(CITY OR TOWN) (COUNTY) (STATE)

22. I hereby certify that I attended the deceased from 4-19, 1951, to 4/21, 1951, that I last saw the deceased alive on 4/21, 1951, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 4/24/51	NAME OF CEMETERY OR CREMATORIAL Mt. Olive	LOCATION (City, town, or county) Holdiloro Md.
DATE REC'D BY LOCAL REC'D 4/22/51	REGISTRAR'S SIGNATURE N.B. Nevin R.B. Rawlings	24. FUNERAL DIRECTOR ADDRESS 820105 Md.	

RECEIVED

MAY 1 1951

BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04124

Items 8 & 9:

Form No. G 132 APR 30 1951

Reg. Dist. No.....

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: CITY TOWN		MARYLAND EASTON MD		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		LENGTH OF STAY (in this place)		COUNTY EASTON	
3. NAME OF DECEASED (Type or Print)		(First) CHARLES	(Middle)	(Last) FOX	4. DATE OF DEATH APRIL 22 1951
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4/24/1891	9. AGE last birthday 51 yrs.	(Month) Month Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY GENERAL	11. BIRTHPLACE (State or foreign country) BALTO. MD		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Not Known		14. MOTHER'S MAIDEN NAME Not Known			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. WRA		17. INFORMANT AND ADDRESS ESSIE FOX - EASTON MD	

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN
ONSET AND DEATH

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary thrombosis
 94a Antecedent cause(s) (b) Coronary arteriosclerosis
 Diseases or conditions, if any, giving rise to the above cause
 stating the underlying cause last (c)

2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)	(CITY OR TOWN)	(CITY OR TOWN)	(CITY OR TOWN)
TIME (Month) OF INJURY	(Day) m.	INJURY OCCURRED White at Work	Not White <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from Jan 1950, to 22 pm, 1951, that I last saw the deceased

alive on 21 Jan 1951, and that death occurred at m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Theresa H. Hansen, L.C. Carlton, Maryland 23 pm 1951

23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOFT 4/24/1951	NAME OF CEMETERY OR CREMATORIAL Hebrew Funeral Home	LOCATION (City, town, or county) Balto	(State) Md
DATE REC'D BY LOCAL REC.	REGISTRAR'S SIGNATURE Dr. Michael	ST.	44. FUNERAL DIRECTOR Jack Lewis Inc - 2100 Eutaw Pl	ADDRESS 2901 91	

250

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....24)

04125

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY Talbot		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND COUNTY Talbot	
CITY (If outside corporate limits, write RURAL and OR give nearest town) ST. MICHAELS		LENGTH OF STAY (In this place) 20 YEARS		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ST. MICHAELS	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS Talbot STREET		(If rural give location)	
3. NAME OF DECEASED (Type or Print) Lurley	(First) L. (Middle) Z. (Last) Granger	4. DATE OF DEATH 4 (Month) 1951 (Day)	(Year)		
5. SEX Male	6. COLOR OF RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) singe	8. DATE OF BIRTH June 13 1896	9. AGE last Birthday 54	If under 1 year Months 5 Days 1 Hours 19 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (State or foreign country) Oxford, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William A. Granger		14. MOTHER'S MAIDEN NAME Mather Gadsby			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. none	17. INFORMANT E.R. Granger, Chestertown Md		
18. MEDICAL CERTIFICATION Coronary occlusion					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
Immediate cause (a) Coronary occlusion					
Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last					
(c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	(CITY OR TOWN)		(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at C. 9A m., from the causes and on the date stated above.					
SIGNATURE Lewis J. Haultz M.D.	(Degree or title) D.M.	ADDRESS Easton Md	DATE SIGNED 4-1-51		
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF April 4 1951	NAME OF CEMETERY OR CREMATORIAL Olivet Cemetery	LOCATION (City, town, or county) St. Michaels Maryland		(State)
DATE REC'D BY LOCAL REG. Apr. 3, 1951	REG. Mrs. Robert H. Seely	REG. Newman & Stevens, St. Michaels Md	24. FUNERAL DIRECTOR		ADDRESS

1930
1896
54



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04126

CERTIFICATE OF DEATH

Reg. Dist. No. 296

1. PLACE OF DEATH COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE		COUNTY						
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		STREET ADDRESS						
HOSPITAL OR INSTITUTION OR STREET ADDRESS		<i>Falset Co</i>		<i>Easton</i>		<i>Maryland</i>						
3. NAME OF DECEASED (Type or Print)		(First) <i>Herman</i>	(Middle) <i>William</i>	(Last) <i>Hackett</i>	4. DATE OF DEATH		(Month) <i>April</i>	(Day) <i>- 21</i>	(Year) <i>1957</i>			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH		9. AGE last birthday If under 1 year Months		If under 24 hrs. Days	10. yrs. Hours	11. Min.
<i>Males</i>		<i>Cape</i>		<i>Married</i>		<i>June 13, 1877</i>		<i>73</i>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY						
<i>Barber</i>		<i>Laborer</i>		<i>Conn</i>		<i>England</i>		<i>1950</i>				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		15. WAS DECREASED EVER IN U.S. ARMEO FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
<i>Alexander Hackett</i>		<i>Henrietta Gilzay</i>		<i>No</i>		<i>Unknown</i>		<i>John Hackett - Maryland Md.</i>		<i>Arterio-Sclerosis</i>		<i>1 week</i>
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH												
Immediate cause		(a) <i>Urremia</i>		Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause (b) <i>Primary obstruction Hypertrophied prostate</i>		Primary obstruction Hypertrophied prostate		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
<i>610X</i>				<i>137a</i>		<i>prostate</i>		<i>April 15, 1957</i>		<i>Hyperplanned prostate benign (?)</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		(c) <i>chronic nephritis - Arterio-Sclerosis</i>										
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY)		20. AUTOPSY?
<i>April 15, 1957</i>		<i>Hyperplanned prostate benign (?)</i>		<i>(Specify)</i>		<i>INJURY</i>						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?								
<i>m.</i>												
22. I hereby certify that I attended the deceased from <i>Apr 15 - 1957</i> , to <i>Apr 21, 1957</i> , that I last saw the deceased alive on <i>Apr 20, 1957</i> , and that death occurred at <i>1:35 A.m.</i> from the causes and on the date stated above.												
SIGNATURE		(Degree or title)		ADDRESS		DATE SIGNED						
<i>John F. Schneider, M.D.</i>						<i>Apr 22, 1957</i>						
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORIAL		LOCATION (City, town, or county)		(State)				
<i>Burial</i>		<i>4/24/51</i>		<i>Mt. Zion</i>		<i>Marydel Md.</i>						
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS						
<i>4/22/51</i>		<i>N.H. Nease</i>		<i>R. B. Rawlings Greensboro</i>								

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T

VS. A15

RECEIVED

MAY 1 1951

BUREAU N.Y.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04127

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY

Baltimore

CITY (If outside corporate limits, write RURAL and
OR give nearest town)

TOWN

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

MARYLAND

LENGTH OF STAY
(In this place)

1 1/2 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE

Maryland

County

Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town)
OR
TOWNSTREET
ADDRESS

(If rural, give location)

3. NAME OF
DECEASED
(Type or Print)(First)
Please

(Middle)

(Last)

4. DATE
OF
DEATH(Month)
April(Day)
20(Year)
1951

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify)

Married

8. DATE OF BIRTH

Aug 30 1885

9. AGE last birthday

65 yrs.

If under 1 year

Months

If under 24 hrs.

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work
done during most of working life; even if retired)

Housewife

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Belgium

12. CITIZEN OF WHAT
COUNTRY?

U.S.

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or Unknown) (If yes, give war or dates of
service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Yoshitaro Hadachi

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN
ONSET AND DEATH

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

(a)

Coronary thrombosis

49a

Antecedent cause(s)

Diseases or conditions, if any,

(b)

giving rise to the above cause
stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not
related to the disease or condition causing death.

Carcinoma of the ovary & metastases

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No 21. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,
OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF
INJURY

m.

INJURY OCCURRED
While at Work Not While At work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1951, to Aug, 1951, that I last saw the deceasedalive on Aug, 1951, and that death occurred at 6:00a m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Thurman Hanian

L.D.

Carter

Mayland

Aug 20 1951

23. BURIAL, CREMATION
REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

(State)

Burial

Apr 19 1951

Silverbrook Cemetery

Columbus

Ohio

Cremation

RECEIVED

APR 24 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 270

290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN BESEBYED FOR BINDING

1. PLACE OF DEATH COUNTY <i>Dorchester</i>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i>		COUNTY <i>Dorchester</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <i>Town</i>		LENGTH OF STAY (in this place) <i>no yrs</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Dorchester</i>		(If rural, give location) <i>Beth Ansara St.</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) <i>Henry Bixler</i>		(First) <i>Henry</i> (Middle) <i>Bixler</i> (Last)		4. DATE OF DEATH <i>April 1, 1951</i>		(Month) (Day) (Year) (Year)	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>Colored</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <i>Married</i>		8. DATE OF BIRTH <i>April 29, 1888</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Houseman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Chimney sweep</i>		11. BIRTHPLACE (State or foreign country) <i>Alsager England</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Charles Henry Bixler</i>		14. MOTHER'S MAIDEN NAME <i>Elam Demmings</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>✓</i>		17. INFORMANT AND ADDRESS <i>Elam Demmings</i>			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause <i>Myocardial infarction</i>						INTERVAL BETWEEN ONSET AND DEATH <i>Sudden</i>	
Antecedent cause(s) <i>Arteriosclerotic heart disease</i>							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>93d</i>		(b) <i>arteriosclerotic heart disease</i>					
		(c) <i>severe syncope</i>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) <i>INJURY</i>		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 19.31, to 4.11.1951, that I last saw the deceased alive on 3/20/1951, and that death occurred at 12:05 p.m., from the causes and on the date stated above.							
SIGNATURE <i>B. C. Cox</i> ADDRESS <i>m-2. Dorchester Md</i> DATE SIGNED <i>4/3/51</i>							
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		DATE <i>April 4, 1951</i>		NAME OF CEMETERY OR CREMATORIUM <i>Bethel Cemetery</i>		LOCATION (City, town, or county) <i>Dorchester</i> (State) <i>Md</i>	
DATE REC'D. BY LOCAL REG. <i>4/2/51</i>		REG. <i>N.H. Neerius</i>		24. FUNERAL DIRECTOR <i>Edgar Lark</i>		ADDRESS <i>Dorchester Md</i>	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

E. Lawton 04129

CERTIFICATE OF DEATH

Reg. Dist. No. 990

1. PLACE OF DEATH. COUNTY <i>Oxford</i>		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <i>Maryland</i> COUNTY <i>Oxford</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Oxford</i>		LENGTH OF STAY (in this place) <i>8 yrs</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Oxford</i>	
STREET ADDRESS <i>Market</i>		STREET ADDRESS <i>Market</i> (If rural, give location)	

3. NAME OF DECEASED (Type or Print)		(First) <i>Conway</i> (Middle) <i>Shaw</i> (Last) <i>Boggs</i>	4. DATE OF DEATH <i>April 9</i>	(Month) <i>April</i> (Day) <i>9</i> (Year) <i>1951</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 28 1878</i>	9. AGE last birthday <i>73</i> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>General Off. Duties</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	12. CITIZEN OF WHAT COUNTRY? <i>A.S.</i>

13. FATHER'S NAME <i>John Shubert Bach Boggs</i>		14. MOTHER'S MAIDEN NAME <i>Mrs Angus MacLean</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		
		17. INFORMANT <i>Mrs Angus MacLean</i>		
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <i>3 1/2 hours</i>

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause <i>420.1</i>	(a) <i>Acute Coronary Thrombosis</i>	INTERVAL BETWEEN ONSET AND DEATH <i>3 1/2 hours</i>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause <i>940</i>	(b) <i>Arterio. Sclerosis</i>	<i>6 yrs.</i>
stating the underlying cause last. <i>940</i>	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21. ACCIDENT SUICIDE HOMICIDE INJURY	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED OF INJURY m. Work At work	While at Not White	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *Feb 1, 1951*, to *April 9, 1951*, that I last saw the deceased

alive on *April 9, 1951*, and that death occurred at *5 P.M.* from the causes and on the date stated above.

SIGNATURE *E. Lawton MD* (Degree or title) ADDRESS *Oxford, Maryland* DATE SIGNED

23. BURIAL / CREMATION REMOVAL (Specify)	DATE THEREOF <i>April 1951</i>	NAME OF CEMETERY OR CREMATORIAL <i>Silverbrook Cemetery</i>	LOCATION (City, town, or county) <i>Erlington Del.</i>	(State)
DATE REC'D BY LOCAL REG.	REG. # <i>4/10/51</i>	REGISTRAR'S SIGNATURE <i>J. H. Neeriss</i>	24. FUNERAL DIRECTOR <i>Ch. Clark</i>	ADDRESS <i>Edisto Ave.</i>

RECEIVED
APR 16 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04130

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH CITY (If outside corporate limits, write RURAL and OR give nearest town)		2. USUAL RESIDENCE (HOME) OF DECEASED CITY (If outside corporate limits, write RURAL and give nearest town)	
COUNTY Talbot Co.		STATE Maryland	
TOWN Easton		LENGTH OF STAY (in this place) 27	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial		STREET ADDRESS Tilghman	
3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) Carroll	(Last) Jackson
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	4. DATE OF DEATH April 5 - 1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Retired	5. DATE OF BIRTH Aug 25/20 74
13. FATHER'S NAME Wm. James Jackson		11. BIRTHPLACE (State or foreign country) Md. (Tilghman)	9. AGE last birthday 74 yrs.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none	12. CITIZEN OF WHAT COUNTRY? Tilghman
17. INFORMANT AND ADDRESS Mr. Lynda Jackson Tilghman Md.		18. MEDICAL CERTIFICATION	
INTERVAL BETWEEN ONSET AND DEATH 2 yrs			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Carcinoma of prostate & Visceral

1778 Antecedent cause(s)
 Diseases or conditions, if any, giving rise to the above cause
 stating the underlying cause last
 578 (b) -
 (c)

Bone metastasis

2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)	
INJURY		TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work m. Not While At work	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 3/9, 1951, to 4/5/51, 1951, that I last saw the deceased alive on 4/4/51, 1951, and that death occurred at 2:53 A.m., from the causes and on the date stated above.
 SIGNATURE ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Apr. 7, 1951	NAME OF CEMETERY OR CREMATORIAL Tilghman Cemetery	LOCATION (City, town, or county) Tilghman	(State) Md.
DATE REC'D BY LOCAL REG. 4/6/51	REGISTRAR'S SIGNATURE J. H. Neeris	24. FUNERAL DIRECTOR Newman & Harrison	ADDRESS St. Michaels Rd.	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04131

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY <u>TALBOT</u>		MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md</u> COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN <u>Carilon</u>			TOWN <u>Carilon</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS		(If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) <u>ELIZABETH</u>	(Middle)	(Last) <u>JONES</u>	4. DATE OF DEATH <u>April 20 1951</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 2, 1876</u>	9. AGE last birthday yrs. <u>74</u> months. <u>5</u> days. <u>18</u> hours. <u>51</u> min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Md</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13. FATHER'S NAME <u>John Copper</u>	14. MOTHER'S MAIDEN NAME <u>Sorenson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>- - - - -</u>
17. INFORMANT AND ADDRESS <u>Martha Sullivan</u>	18. MEDICAL CERTIFICATION <u>Chronic myocarditis</u>

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause <u>922.2</u> Antecedent cause(s) <u>93d</u>	<u>6-14d</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>(b)</u>	<u>yes</u>
Conditions contributing to the death but not related to the disease or condition causing death. <u>(c)</u>	<u>yes</u>

II. OTHER SIGNIFICANT CONDITIONS	19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Conditions contributing to the death but not related to the disease or condition causing death.		<u>Ovarian cyst large</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from <u>2-17, 1950</u> , to <u>2-20, 1951</u> , that I last saw the deceased alive on <u>4-19, 1951</u> , and that death occurred at <u>2:20 p.m.</u> , from the causes and on the date stated above.		
SIGNATURE <u>M. J. Bell</u>	ADDRESS <u>Carilon Md</u>	DATE SIGNED <u>4-20-51</u>

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>4/24/51</u>	NAME OF CEMETERY OR CREMATORIUM <u>Kirkham</u>	LOCATION (City, town, or county) <u>Royal Oak</u>
DATE REC'D BY LOCAL REG. <u>4/23/51</u>	REGISTRAR'S SIGNATURE <u>M. H. Neeris</u>	24. FUNERAL DIRECTOR	ADDRESS <u>Earlwood Cofferd Easton Md</u>

RECEIVED
APR 26 1951
BUREAU V. S.

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04132

CERTIFICATE OF DEATH

ReCov
Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY <i>Salisbury</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i> COUNTY <i>Salisbury</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Easton</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Easton</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		LENGTH OF STAY (In this place) <i>16 yrs</i>	
STREET ADDRESS <i>S. Aurora St.</i>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <i>James Henry Keester</i>		(First) <i>James</i> (Middle) <i>Henry</i> (Last) <i>Keester</i>	4. DATE OF DEATH <i>April 11, 1957</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>October 1, 1861</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>General Employee</i>	9. AGE last birthday If under 1 year Months <i>89</i> Days <i>89</i> yrs. Hours Min.
13. FATHER'S NAME <i>William Keester</i>		11. BIRTHPLACE (State or foreign country) <i>Clark County Missouri</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	12. CITIZEN OF WHAT COUNTRY? <i>A. S.</i>
17. INFORMANT <i>Mrs James W. Keester</i>		14. MOTHER'S MAIDEN NAME <i>Juliet Dickson</i>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) *urinary*

INTERVAL BETWEEN
ONSET AND DEATH

5 days

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

(b) *nephrosclerosis*

?

131a

(c) *arteriosclerosis, generalized*

?

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
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TIME (Month) (Day) (Year) (Hour) OF INJURY .	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *Jan*, 19*51*, to *April 12, 1957*, that I last saw the deceased
alive on *April 11, 1957*, and that death occurred at *3:55 p.m.*, from the causes and on the date stated above.
SIGNATURE *J. B. Cox* (Degree or title) ADDRESS *212. Easton Rd* DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF <i>April 14, 1957</i>	NAME OF CEMETERY OR CREMATORIAL <i>Forest Home Cemetery</i>	LOCATION (City, town, or county) <i>Chicago</i> (State) <i>Ill</i>
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DATE REC'D. BY LOCAL REG. <i>4/13/57</i>	REGISTRAR'S SIGNATURE <i>N. H. Neeres</i>	24. FUNERAL DIRECTOR <i>Old East</i>	ADDRESS <i>Old East</i>
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RECEIVED

APR 13 1959

BUREAU W.S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

March 22

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04133

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY Talbot		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Caroline	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		STREET ADDRESS	
TOWN Easton		10 days		TOWN Ridgely Md.		(Rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital							
3. NAME OF DECEASED (Type or Print) Therese A.		(First) (Middle)		(Last) Knussman		4. DATE OF DEATH April 1 1951	
5. SEX female		6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH March 8, 1883	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE last birthday 68 yrs.		11. BIRTHPLACE (State or foreign country) New York	
						12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Mr. Nicholas Risch				14. MOTHER'S MAIDEN NAME Tennessee			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 260X 61		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS Mr. George Knussman MD		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH

12 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause

stating the underlying cause last

(b)

Diabetes mellitus

(3)

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE		(Specify)		PLACE (Home, farm, factory, street, of office bldg., etc.)		(CITY OR TOWN)		(COUNTY)		(STATE)	
INJURY											
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED		HOW DID INJURY OCCUR?					
			m.	While at Work	Not While At work						

22. I hereby certify that I attended the deceased from April 1951, to April 1951, that I last saw the deceased

alive on April 1951, and that death occurred at 5:35 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

DATE SIGNED

ADDRESS

23. BURIAL, CREMATION REMOVAL (Specify) Bureau		DATE THEREOF 4/4/51		NAME OF CEMETERY OR CREMATORIALy		LOCATION (City, town, or county) Near Greensboro		(State)	
DATE REC'D BY LOCAL REG. 4/3/51		REGISTRAR'S SIGNATURE Nash Neives		24. FUNERAL DIRECTOR R.B. Keeleings		ADDRESS Greensboro			



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04134

Reg. Dist. No... 290

1. PLACE OF DEATH COUNTY <i>Talbot</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Md</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <i>EASTON</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Barclay</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Memorial Hospital</i>		STREET ADDRESS <i>Rte 3</i>	
3. NAME OF DECEASED (Type or Print) <i>Robert</i>	(First) <i>Robert</i>	(Middle) <i>Louis</i>	(Last) <i>Lutche Jr.</i>
4. DATE OF DEATH <i>4/17/51</i>	(Month) <i>4</i>	(Day) <i>17</i>	(Year) <i>1951</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>10-3-24</i>
9. AGE last birthday If under 1 year Months <i>26</i> Days <i>yrs.</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Mechanic</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
13. FATHER'S NAME <i>Robert L. Lutche</i>	14. MOTHER'S MAIDEN NAME <i>Hattie Quincy</i>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>Yes</i>	
16. SOCIAL SECURITY NO. <i>1219-14-3926</i>		17. INFORMANT <i>Mrs. Hattie L. Gadsden</i>	18. MEDICAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <i>Impalement</i>			
Antecedent cause(s) (b) <i>Auto accident</i>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	
TIME (Month) (Day) (Year) (Hour) OF INJURY <i>4 17 51 c 1A m.</i>		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY <i>305 highway</i>	INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input checked="" type="checkbox"/>
		(CITY OR TOWN) <i>nr. Prices Sta.</i>	(CITY OR TOWN) <i>2A.</i>
		(COUNTY) <i>Md</i>	(STATE) <i>Md</i>
		HOW DID INJURY OCCUR? <i>Auto left road - into woods</i>	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE <i>Lewis O. Neely</i>		ADDRESS <i>MD DME</i>	DATE SIGNED <i>4-17-51</i>
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>4/19/51</i>	NAME OF CEMETERY OR CREMATORIAL REG. <i>Spring Hill</i>	LOCATION (City, town, or county) <i>Easton</i>
DATE REC'D BY LOCAL REG. <i>4/18/51</i>	REGISTRAR'S SIGNATURE <i>W.H. Neely</i>	24. FUNERAL DIRECTOR ADDRESS <i>Joe Clark</i>	(State) <i>Md</i>
554356			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 24 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04135

CERTIFICATE OF DEATH

Reg. Dist. No.... 290.....

1. PLACE OF DEATH COUNTY <i>Jacket</i>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <i>Maryland</i>		COUNTY <i>Jacket</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Rural Eastern</i>		LENGTH OF STAY (in this place) <i>9 months</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Rural Eastern</i>		STREET ADDRESS <i>(If rural, give location)</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS							
3. NAME OF DECEASED (Type or Print)	(First) <i>James</i>	(Middle) <i>Ervin</i>	(Last) <i>Mark</i>	4. DATE OF DEATH <i>April 7 1951</i>	(Month)	(Day)	(Year)
5. SEX <i>M</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Marks</i>	8. DATE OF BIRTH <i>Sept. 9, 1877</i>	9. AGE last birthday <i>73</i>	If under 1 year Months <i>73 yrs.</i>	Days	If under 24 hrs. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Painter</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Painter</i>	11. BIRTHPLACE (State or foreign country) <i>Denicile County Maine</i>	12. CITIZEN OF WHAT COUNTRY? <i>A.S.</i>			
13. FATHER'S NAME <i>John Marks</i>		14. MOTHER'S MIDDLE NAME <i>Anna Jessie</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown) <i>No</i>			
16. SOCIAL SECURITY NO. <i>Stone</i>		17. INFORMANT <i>Mr. John G. Marks Jr.</i>		18. MEDICAL CERTIFICATION			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

420.0
Antecedent cause(s)
Diseases or conditions, if any,
giving rise to the above cause
93d stating the underlying cause last

(a) *Acute Myocardial infarction*INTERVAL BETWEEN
ONSET AND DEATH*Instant*.(b) *Arteriosclerotic Heart Disease**years*

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY					
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June 1950*, to *March 31, 1951*, that I last saw the deceasedalive on *March 31, 1951*, and that death occurred at *5:30 p.m.*, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

4/9/51

23. BURIAL, CREMATION REMOVAL (Specify) <i>Buried</i>	DATE THEREOF <i>April 19, 1951</i>	NAME OF CEMETERY OR CREMATORIAL <i>Spring Hill</i>	LOCATION (City, town, or county) <i>Eastern</i>	(State) <i>MD</i>
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DATE REC'D. BY LOCAL REG. <i>4/8/51</i>	REG. <i>N.H. Meier</i>	REG. <i>Reed Beck</i>	REG. <i>Eastern</i>	ADDRESS <i>Eastern Ave</i>
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24. FUNERAL DIRECTOR

055879

RECEIVED
APR 16 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04136

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY Talbot		EASTON MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON		
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON		LENGTH OF STAY (in this place) 11 days		STREET ADDRESS		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON		
HOSPITAL OR INSTITUTION OR STREET ADDRESS EASTON MEMORIAL HOSPITAL						STREET ADDRESS (If rural, give location) DENTON		
3. NAME OF DECEASED (Type or Print) Mrs. ALLIE TODD MORRIS	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month) APRIL	(Day) 8	(Year) 1951	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) M	8. DATE OF BIRTH NOV. 9, 1869	9. AGE last birthday	81 yrs.	If under 1 year Months	If under 24 hrs. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME M. DAVID TODD		14. MOTHER'S MAIDEN NAME SUSAN SAYLOR					AS. P.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 161-10-1000	17. INFORMANT AND ADDRESS M. HEAL MOORESON, DENTON MD					
18. MEDICAL CERTIFICATION								
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH								
904.0 Immediate cause (a) EASTON SOLVENT & F. V. VARNER		INTERVAL BETWEEN ONSET AND DEATH 3.						
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1860s (b) Front right & left hip.		? days						
(c) Open reduction left hip.		2 days.						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION 6 April 57	19b. MAJOR FINDINGS OF OPERATION Same		20. AUTOPSY?					
Yes <input type="checkbox"/> No <input type="checkbox"/>								
21. ACCIDENT (Specify) SUICIDE Homicide	PLACE (Home, farm, factory, street, of office bldg., etc.) Home		(CITY OR TOWN) EASTON		(COUNTY) TALBOT		(STATE) MD	
TIME (Month) (Day) (Year) OF INJURY APRIL 15, 1951	(Hour) m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? Fall at home					
22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at....., 19....., from the causes and on the date stated above.								
SIGNATURE J. H. KENNAMON, M.D.		(Degree or title) EASTON		ADDRESS 1125 P.		DATE SIGNED		
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF APR. 11, 1951	NAME OF CEMETERY OR CREMATORIAL Easton	LOCATION (City, town, or county) EASTON		NAME OF FUNERAL DIRECTOR Virgil Morris & Son		(State) Maryland	
DATE REC'D BY LOCAL REG. 4/9/57	REGISTRAR'S SIGNATURE J. H. Neering		ADDRESS					

REC'D
APR 10 1968
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04137

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH- CITY TOWN		2. USUAL RESIDENCE (HOME) OF DECEASED- CITY TOWN	
COUNTY <i>Talbot</i> MARYLAND		STATE <i>Maryland</i> COUNTY <i>Talbot</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Easton, Rural</i>		LENGTH OF STAY (in this place)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <i>Annie</i>	(Middle)	(Last) <i>Parker</i>
4. DATE OF DEATH	(Month) <i>jan - 2 -</i>	(Day) <i>1951</i>	(Year)
5. SEX	6. COLOR OR RACE <i>Female Black</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widow</i>	8. DATE OF BIRTH <i>Jan 9 - 1885</i>
9. AGE last birthday yrs.	10. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	11. BIRTHPLACE (State or foreign country) <i>Montgomery, Talbot Co</i>	12. CITIZEN OF WHAT COUNTRY <i>A.S.A.</i>
13. FATHER'S NAME <i>Peter Roberts</i>	14. MOTHER'S MAIDEN NAME <i>Amelia Kelly</i>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>802-81-1448</i>	
17. INFORMANT AND ADDRESS <i>Margery Miles, Factory Rd</i>			
18. MEDICAL CERTIFICATION <i>Multiple fractures & int. injuries Struck by R.R. train</i>			
19. I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause <i>802-8</i> Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>169</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	19a. DATE OF OPERATION <i>TIME (Month) (Day) (Year) (Hour)</i>	19b. MAJOR FINDINGS OF OPERATION <i>OF INJURY</i>	21. ACCIDENT SUICIDE HOMICIDE (Specify) <i>accident</i>
			PLACE (Home, farm, factory, street, OF office bldg., etc.) <i>R.R. track m. Cordova</i>
			(CITY OR TOWN) <i>(CITY OR TOWN)</i>
			(COUNTY) <i>Talbot</i>
			(STATE) <i>Dad</i>
			HOW DID INJURY OCCUR? <i>walking on R.R. track at night</i>
22. I hereby certify that I attended the deceased from P.M., 19....., to 19....., that I last saw the deceased alive on 19....., and that death occurred at c 930 p.m., from the causes and on the date stated above. SIGNATURE <i>Louis J. Kelly M.D. Due</i> ADDRESS DATE SIGNED <i>DATE SIGNED</i> 4-2-51			
23. BURIAL, CREMATION REMOVAL (Check)	DATE TIME THEREOF <i>DATE TIME THEREOF</i>	NAME OF CEMETERY OR CREMATORIUM <i>Chestertown Cemetery</i>	LOCATION (City, town, or county) (State) <i>Easton Rural Md.</i>
DATE REC'D BY LOCAL REG. <i>4/5/51</i>	REGISTER'S SIGNATURE <i>J.H. Deering John H. Deering</i>	24. FUNERAL DIRECTOR ADDRESS <i>ADDRESS</i>	



MARYLAND STATE DEPARTMENT OF HEALTH

04138

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE		3. HABITATION CITY (If outside corporate limits, write RURAL and OR give nearest town)	
<i>Talbot</i>				<i>Talbot</i>		<i>Talbot</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
<i>M.C. Daniel</i>		<i>50 years</i>		<i>M.C. Daniel</i>			
TOWN		STREET ADDRESS		TOWN		(If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS							
3. NAME OF DECEASED (Type or Print)	(First) <i>Margaret</i>	(Middle)	(Last) <i>Pinkney</i>	4. DATE OF DEATH	(Month) <i>4</i>	(Day) <i>24</i>	(Year) <i>1951</i>
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>widow</i>	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year	If under 24 hrs	
<i>Female</i>	<i>colored</i>		<i>Nov. 4, 1869</i>	<i>81</i>	Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY			
<i>House wife</i>			<i>M.C. Daniel</i>	<i>U.S.A.</i>			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
<i>James Caldwell</i>		<i>Jane Bailey</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS			
<i>no</i>		<i>none</i>		<i>Mannie Caldwell, M.C. Daniel Jr.</i>			

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2 immediate cause
Antecedent cause

(a) Bronchial asthma
(b) Chronic Myocarditis

INTERVAL BETWEEN ONSET AND DEATH

37799hs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FIN.**

192. DATE OF OPERATION **193. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY?

Yes No

**21. ACCIDENT
SUICIDE
HOMICIDE**

PLACE (Home, farm, factory, street,
OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?
 OF While at Not While Work At work
 INJURY m. *6/26/1981* *6/26/1981*

22. I hereby certify that I attended the deceased from Aug. 15 1949, to April 24, 1951, that I last saw the deceased alive on April 24, 1951, and that death occurred at 6:15 A.M. from the causes and on the date stated above.
SIGNATURE John J. O'Brien (Degree or title) ADDRESS 123 Main Street DATE SIGNED April 24, 1951

23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county)	(State)
<i>Funeral</i>		<i>4/27/51</i>	<i>Colored Cemetery</i>	<i>M. Daniel</i>	<i>Baltimore</i>
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR		ADDRESS
<i>April 25-1951</i>		<i>G. Wesley Scovell.</i>	<i>Harrison & Harrison, St. Michael</i>		<i>MD</i>

RECEIVED

APR 2 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

04139

5/1.

290

The correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY <u>Talbot</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Hillsboro</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Easton</u>		LENGTH OF STAY (in this place) <u>4 days</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Hillsboro</u>		STREET ADDRESS <u>(If rural, give location)</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Memorial Hospital</u>							
3. NAME OF DECEASED (Type or Print) <u>Bonnie Garfield Pritchett</u>		(First) <u>Bonnie</u> (Middle) <u>Garfield</u> (Last) <u>Pritchett</u>		4. DATE OF DEATH <u>4/20/51</u>		(Month) <u>4</u> (Day) <u>20</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 27, 1881</u>	9. AGE last birthday <u>70 yrs.</u>	If under 1 year Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13. FATHER'S NAME <u>Phillips Pritchett</u>		14. MOTHER'S MAIDEN NAME <u>Emilia Steuart</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? <u>No</u> 16. SOCIAL SECURITY NO. <u>None</u> 17. INFORMANT AND ADDRESS <u>Sadie Pritchett / Hillsboro Md</u>			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
330X Immediate cause <u>Cubarachnoid Hemorrhage</u>		(a) <u>Cubarachnoid Hemorrhage</u>		6 days			
83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last <u>Arteriosclerosis, generalized</u>		(b) <u>Arteriosclerosis, generalized</u>		several yrs			
(c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
21. ACCIDENT SUICIDE HOMICIDE INJURY		PLACE (Home, farm, factory, street, of office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) <u>4</u> (Day) <u>20</u> (Year) <u>1951</u> OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>3/29/51</u> , to <u>4/21/51</u> , 19 <u>51</u> , to <u>4/21/51</u> , 19 <u>51</u> that I last saw the deceased alive on <u>4/21/51</u> , and that death occurred at <u>11:35 a.m.</u> from the causes and on the date stated above.							
SIGNATURE <u>M. Cog</u>		(Degree or title) <u>2nd D.</u>		ADDRESS <u>Easton Md</u>		DATE SIGNED <u>4/3/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Buried</u>		DATE THEREOF <u>April 5, 1951</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Pleasant Cemetery, Easton Md</u>		LOCATION (City, town, or county) <u>Easton</u> (State) <u>Md.</u>	
DATE REC'D BY LOCAL REG. <u>4/3/51</u>		REGISTRAR'S SIGNATURE <u>M. H. Neirin J. Ziegler</u>		24. FUNERAL DIRECTOR <u>Wood & Son Funeral</u>		ADDRESS <u>820105</u>	



04140

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Reg. Dist. No... 290

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY <u>Talbot</u>			2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Talbot</u>		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Easton</u>			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Easton, Md.</u>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Memorial Hospital</u>			STREET ADDRESS <u>(If rural, give location)</u>		
3. NAME OF DECEASED (Type or Print) <u>James</u>		(First) <u>James</u> (Middle) <u></u> (Last) <u>Russ</u>	4. DATE OF DEATH <u>APRIL 6</u>		(Month) <u>April</u> (Day) <u>6</u> (Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 4, 1876</u>	9. AGE last birthday <u>74</u> yrs.	If under 1 year Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fireman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>janitor</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>John William Russ</u>			14. MOTHER'S MAIDEN NAME <u>Dolly Jansen</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT AND ADDRESS <u>McClarence Russ (Same)</u>	18. MEDICAL CERTIFICATION <u>Cirrhosis of Liver</u>

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) _____

Cirrhosis of LiverINTERVAL BETWEEN
ONSET AND DEATH2 years

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause

(b) _____

Diabetes mellitus4 yrs61
stating the underlying cause last

(c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.19a. DATE OF OPERATION 6-1-50 19b. MAJOR FINDINGS OF OPERATION Portal cirrhosis

20. AUTOPSY?

Yes No 21. ACCIDENT
SUICIDE
HOMICIDE
(Specify)PLACE (Home, farm, factory, street,
OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF
INJURYINJURY OCCURRED
While at Work Not While At work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, to 4/6/51, that I last saw the deceasedalive on 4/6/51, 1951, and that death occurred at 2:50 p.m. from the causes and on the date stated above.
SIGNATURE B. Cope (Degree or title) M.D. ADDRESS Easton, Md. DATE SIGNED23. BURIAL, CREMATION
REMOVAL
(Specify)DATE THEREOF 7/8/51

NAME OF CEMETERY OR CREMATORIAL

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL
REG.REGISTER'S SIGNATURE H. H. Neeris24. FUNERAL DIRECTOR ChubackADDRESS Easton, Md.7/7/51

770936

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04141

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY <u>Talbot</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u>		COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Easton</u>		3 days		TOWN <u>Easton</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Memorial Hospital		STREET ADDRESS		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)		(First) <u>Elizabeth Symington</u> (Middle) <u></u> (Last) <u>Smith</u>		4. DATE OF DEATH <u>April 20</u>		(Month) <u>1951</u> (Day) <u></u> (Year)	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>3/25/07</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>S. W.</u>		9. AGE last birthday <u>44</u> yrs.		11. BIRTHPLACE (State or foreign country) <u>Texas</u>	
13. FATHER'S NAME <u>John Symington</u>		14. MOTHER'S MAIDEN NAME <u>Elyse Ernest</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
16. SOCIAL SECURITY NO. <u>XXXXXXXXXX</u>		17. INFORMANT AND ADDRESS <u>Evelyn Cap - Bedford, Md.</u>		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause <u>145X</u>		(a) <u>Hemorrhage</u>		Antecedent cause(s) <u>45f</u>		(b) <u>Carcinoma of Tongue, left</u>	
Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last						2 yrs	
(c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg, etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from , 1949, to 4/20/1951, that I last saw the deceased alive on 4/10/1951, and that death occurred at 4:35 a.m., from the causes and on the date stated above.							
SIGNATURE <u>J. C. Cox</u>		(Degree or title) <u>m.d.</u>		ADDRESS <u>Easton, Md.</u>		DATE SIGNED <u>4/20/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Cremation</u>		DATE THEREOF <u>4/21/51</u>		NAME OF CEMETERY OR CREMATORIAL <u>Fort Lincoln</u>		LOCATION (City, town, or county) <u>Bladensburg, Md.</u> (State)	
DATE REC'D BY LOCAL REG. <u>4/20/51</u>		REGISTRAR'S SIGNATURE <u>N.H. Neerix</u>		24. FUNERAL DIRECTOR <u>John D. Williams</u>		ADDRESS <u>Easton, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 26 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04142

CERTIFICATE OF DEATH

Reg. Dist. No. 296

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Check correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH COUNTY <u>Talbot</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Sapeline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Caston</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Denton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Memorial Hospital</u>		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) <u>Sarah B. Edna Spencer</u>		4. DATE (Month) (Day) (Year) OF DEATH <u>Apr. 1 10 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 9, 1951</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>maryland</u>	
13. FATHER'S NAME <u>Howard Henry Spencer</u>		14. MOTHER'S MAIDEN NAME <u>Hause walls</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <u>Mother, Denton maryland</u>		18. MEDICAL CERTIFICATION <u>prematurity</u> <u>premature separation of placenta</u> <u>Pathology 3 days</u>	
19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) _____ Antecedent cause(s) _____ Diseases or conditions, if any, giving rise to the above cause _____ stating the underlying cause last _____ (b) _____ (c) _____			
20. AUTOPSY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
22. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>TIME (Month) (Day) (Year) (Hour)</u> <u>OF INJURY</u> <u>INJURY OCCURRED</u> <u>While at Work</u> <input type="checkbox"/> <u>Not While At Work</u> <input type="checkbox"/> <u>m.</u> <input type="checkbox"/> <u>At work</u> <input type="checkbox"/>	
23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State) <u>Buried</u> <u>April 10, 1951</u> <u>Denton Cemetery</u> <u>Denton</u> <u>MD</u>			
DATE REC'D BY LOCAL REG. <u>4/10/51</u>		24. FUNERAL DIRECTOR, ADDRESS <u>M. H. Neeris J. L. Ligil</u> <u>Acme Chapel</u> <u>Denton</u>	
204091992362			

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APR 16 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04143

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY <i>Oxford</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Oxford</i> COUNTY <i>Oxford</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <i>Oxford</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Oxford, Md.</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		LENGTH OF STAY (In this place) <i>1 yr</i>	
3. NAME OF DECEASED (Type or Print) <i>Ida Stevens</i>		(First) <i>Ida</i> (Middle) <i>Virginia</i> (Last) <i>Stevens</i>	4. DATE OF DEATH <i>July 20 1951</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Aug 27 1863</i> 9. AGE last birthday <i>87</i> If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeper</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home Owner</i>	11. BIRTHPLACE (State or foreign country) <i>Oxford, Md.</i>
13. FATHER'S NAME <i>Edward J. Stevens</i>		14. MOTHER'S MAIDEN NAME <i>Margaret Ann Maryland</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Mr. Dennis T. Tingley</i>
18. MEDICAL CERTIFICATION			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause <i>157X</i>	(a) <i>Carcinoma of the head of the pancreas</i>	<i>6 mo</i>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>46g</i>	(b) _____	_____
	(c) _____	_____

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at m. Work	Not While At work	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Oct 1950*, to *July 1951*, that I last saw the deceased alive on *1951*, 19*51*, and that death occurred at *m.*, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED *July 21 1951*

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF <i>April 23 1951</i>	NAME OF CEMETERY OR CREMATORIAL <i>Oxford</i>	LOCATION (City, town, or county) <i>Oxford</i> (State) <i>Md.</i>
DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE <i>H. Neuner</i>	24. FUNERAL DIRECTOR <i>Edgar M.</i>	

RECEIVED

MAY 1 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04144

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY <i>Talbot</i>			2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Md.</i>		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Eoston</i>			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Sherwood</i>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Memorial Hospital</i>			STREET ADDRESS <i>(If rural, give location)</i>		
3. NAME OF DECEASED (Type or Print) <i>Aug</i>			4. DATE OF DEATH <i>April 5 1951</i>		
(First) (Middle) (Last) <i>Stinchcomb</i>					
5. SEX <i>Male</i>			6. COLOR OR RACE <i>white</i>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Single</i>			8. DATE OF BIRTH <i>Oct. 14, 1945</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <i>Talbot Co. Md</i>			12. CITIZEN OF WHAT COUNTRY <i>USA</i>		
13. FATHER'S NAME <i>Wilbur M Stinchcomb</i>			14. MOTHER'S MAIDEN NAME <i>Sallie T Tarbutton</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>353, 3</i>			16. SOCIAL SECURITY NO. <i>85</i>		
17. INFORMANT AND ADDRESS <i>W. M. Stinchcomb, Sherwood</i>			18. MEDICAL CERTIFICATION <i>Respiratory Failure (central)</i>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) *Respiratory Failure (central)*

353, 3 Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last(b) *Cerebral Degeneration*

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.(c) *Epilepsy.*INTERVAL BETWEEN
ONSET AND DEATH

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *3-21, 1951*, to *45*, 1951, that I last saw the deceasedalive on *4-5*, 1951, and that death occurred at *8 35* a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>Apr. 7, 1951</i>	NAME OF CEMETERY OR CREMATORIAL <i>Sherwood</i>	LOCATION (City, town, or county) <i>Sherwood, Md</i>
DATE REC'D BY LOCAL REG. <i>4/6/51</i>	REGISTRAR'S SIGNATURE <i>N.H. Nevin</i>	24. FUNERAL DIRECTOR <i>James & Harrison</i>	ADDRESS <i>S. Michaels, Md</i>

Pt had convulsions at 3 mo. Dx and operated
on in N.Y.U. for birth injury. Never walked, talked
? Hear or see. Recuperated at N.Y.U. Post. Dead. at
4 yrs - unsuccess ful. Came in in status epilepticus
+ pulmonary edema.

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APR 16 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04145

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY		16101 MARYLAND 32		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN Easton		3 mos 45 days		TOWN Easton	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS		(If rural, give location)	
Memorial Hospital		407 North St.			
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month) 4 1951
George	E		Strayhorn	(Day) 9	(Year)
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months Days Hours Min.
M	W	Widowed	9/26/59	92 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
None		None		Md	
13. FATHER'S NAME		14. MOTHER'S MADDEN NAME		12. CITIZEN OR WHAT COUNTRY	
Mr. George Strayhorn		Mrs. Cleopatra		USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS	
No		Kinson		Mr. Leslie Strayhorn (Son)	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause	(a) Acute dilatation of heart	16 hours	
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart disease	years	
93d	(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Autopsy	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 4-8-, 1957, to 4-9-, 1957, that I last saw the deceased alive on 4-9-, 1957 and that death occurred at 2:12 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

DATE SIGNED

23. BURIAL, CREMATION REMAINS (Specify)	DATE THEREOF	NAMES OF CEMETERY OR CREMATORIES	LOCATION (City, town, or county)	(State)
Burial	4/11/51	Spring Green	Ogotor	Md
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
4/11/51	H.A. Neelies	Miller Clark	Ogotor Md	

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APR 16 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04148

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE		COUNTY	
Talbot				Maryland		Queen Anne	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		(If rural, give location)	
Easton		16 days		Chester			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Memorial Hospital		STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Lucia	m.	Taylor	April	30	1951	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	If under 24 hrs Days	If under 24 hrs Hours
Female	White	Married	June 24-1881	69	Years		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY	
Housewife		Home		Baltimore Maryland		USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
John Obinger		Sister Lillian Queen Babekow					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS		INTERVAL BETWEEN ONSET AND DEATH	
No		None		Mrs. Vesta V. Harris, Chester Maryland		-	
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause		Cause of death known prior - due to					
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		Cause of death after known					
9420.1		(-?)					
9420.1		(-?)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Chronic Cholelithiasis					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY?							
Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, of office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work m. Not While At work		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 29, 1951, to April 30, 1951, that I last saw the deceased alive on April 29, 1951, and that death occurred at 7:20 A.M., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED							
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORIAL		LOCATION (City, town, or county) (State)	
Burial		5/3/51		Oak Lawn		Baltimore	
DATE REC'D BY LOCAL REG.		REGISTRATION'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
4/30/51		N.J. Neeress		Baltimore		Baltimore	

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MAY 8 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04147

CERTIFICATE OF DEATH

Reg. Dist. No... 290

1. PLACE OF DEATH CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		MARYLAND LENGTH OF STAY (in this place)		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE CITY (If outside corporate limits, write RURAL and give nearest town) TOWN STREET ADDRESS		COUNTY MARYLAND TALBOT (If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Carroll's Auction		3. NAME OF DECEASED (First) WILSON (Middle) EARL (Type or Print)		(Last) TOOD 4. DATE OF DEATH APR. 1 (Month) (Day) (Year)	
5. SEX Male	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH FEB. 21 1920	9. AGE last birthday 81 yrs.	If under 1 year Months	If under 24 hrs. Days	If under 1 min. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY GEN. MERCH.	11. BIRTHPLACE (State or foreign country) Tucker Mtns., Md.	12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME JOHN BENNETT TOOD		14. MOTHER'S MAIDEN NAME SARAH ANN TOOD					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT AND ADDRESS MRS. BETH TOOD, EASTON, MD.				
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause 420.0 Arteriosclerotic Heart Disease Antecedent cause(s) 93d Generalized Arteriosclerosis Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (a) (b) (c) Year years							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 1951, to April 1951, that I last saw the deceased alive on 3/29, 1951, and that death occurred at 10 AM, from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED Shepard Kiecky M.D. Easton 4/2/51							
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF APR 3 1951		NAME OF CEMETERY OR CREMATORIAL Spring Hill Cemetery		LOCATION (City, town, or county) Easton, Maryland (State)	
DATE RECD BY LOCAL REG. 4/2/51		REGISTRAR'S SIGNATURE D.H. Nease, John S. Williams		24. FUNERAL DIRECTOR		ADDRESS	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Rec'd 04148

CERTIFICATE OF DEATH

Reg. Dist. No.... 290

1. PLACE OF DEATH COUNTY <i>Baltimore</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i> COUNTY <i>Baltimore</i>			
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Baltimore</i>		LENGTH OF STAY (in this place) <i>3 days</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)	(First) <i>Barclay</i>	(Middle) <i>Hawkins</i>	(Last) <i>Simpson</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>October 15, 1877</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Commercial Lawyer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Law</i>			
13. FATHER'S NAME <i>Charles J. Simpson</i>		14. MOTHER'S MAIDEN NAME <i>Annie G. Townsend</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>116-03-7460</i>			
17. MORTUARY AND ADDRESS. <i>Mr. Barclay, Simpson, Baltimore, Md.</i>		18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause <i>Gastro Intestinal Hemorrhage, C.N.D.</i> Antecedent cause(s) <i>578X</i> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>872</i> (b) _____ (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Huntington's Chorea</i>		19. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <i>1 month</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>20 yrs</i>			
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>1946</i> , to <i>4/11/51</i> , that I last saw the deceased alive on <i>4/11/51</i> , and that death occurred at <i>11:10</i> m., from the causes and on the date stated above. SIGNATURE <i>J. B. Cox</i> ADDRESS <i>Baltimore 2nd</i> DATE SIGNED <i>4/2/51</i>					
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE <i>April 13, 1951</i>	NAME OF CEMETERY OR CREMATORIUM <i>Elmwood Cemetery</i>	LOCATION (City, town, or county) <i>Baltimore</i> (State) <i>Md.</i>		
DATE REC'D BY LOCAL REG. <i>4/2/51</i>	REG. <i>V. N. A. Nelson</i>	REG. <i>V. N. A. Nelson</i>	24. FUNERAL DIRECTOR <i>R. E. Black</i> ADDRESS <i>Baltimore 2nd</i>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04149

CERTIFICATE OF DEATH

Reg. Dist. No... 290

1. PLACE OF DEATH COUNTY <i>Talbot Co</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i> COUNTY <i>Talbot</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Easton</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Easton</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		LENGTH OF STAY (in this place) <i>30 yrs.</i>	

3. NAME OF DECEASED (First) <i>John</i> (Middle) <i>Harrison</i> (Last) <i>Webb</i>		4. DATE OF DEATH <i>April 7 1957</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>January 10 1878</i>
9. AGE last birthday yrs. <i>78</i>		10. IF under 1 year Months. <i>3</i>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (State or foreign country) <i>None</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
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13. FATHER'S NAME <i>Charles Webb</i>	14. MOTHER'S MAIDEN NAME <i>Mary Anna Heeks</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>
17. INFORMANT AND ADDRESS <i>Woman Webb</i>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause <i>Cardiac Myocarditis</i> (a)	<i>Cardiac Decompensation.</i>	

2. Antecedent cause(s) <i>422.2</i>	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>93d</i> (b)	3. Other significant conditions Conditions contributing to the death but not related to the disease or condition causing death. <i>None</i> (c)
-------------------------------------	--	--

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes <input type="checkbox"/> No <input type="checkbox"/>

21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) OF INJURY	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from <i>Aug 15 1957</i> , to <i>Apr 7 1957</i> , that I last saw the deceased alive on <i>4-6 1957</i> , and that death occurred at <i>Easton</i> m., from the causes and on the date stated above.
SIGNATURE <i>W. J. Bueell</i> (Degree or title) <i>Dr. Easton</i> ADDRESS <i>Easton, Md.</i> DATE SIGNED <i>4-9-57</i>

23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE <i>April 11/57</i>	NAME OF CEMETERY OR CREMATORIUM <i>New Chapel</i>	LOCATION (City, town, or county) <i>Easton, Talbot Co, Md.</i> (State)
DATE REC'D BY LOCAL REG. <i>4/6/57</i>	REG. <i>N. J. Morris</i>	REG. <i>Carl W. Bueell</i>	ADDRESS <i>Easton, Md.</i>
24. FUNERAL DIRECTOR		ADDRESS <i>970 UN</i>	

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APR 16 1951

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

76

04150

Webb
8:40 PM

Reg. Dist. No. 290

Item 9:

FHM No. G 132 APR 30 1951

CERTIFICATE OF DEATH

1. PLACE OF DEATH.

COUNTY
Talbot

md
MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town)

OR give nearest town

TOWN
Easton

LENGTH OF STAY
(in this place)

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS
Howard St

3. NAME OF
DECEASED
(Type or Print)
Charles H. Wilson

4. DATE
OF
DEATH
4/19/51

5. SEX
Male

6. COLOR OR RACE
col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify)
widowed

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)
Corporal

10b. KIND OF BUSINESS OR
INDUSTRY
none

11. BIRTHPLACE (State or foreign country)
md

12. CITIZEN OF WHAT
COUNTRY?
Elizabethtown

13. FATHER'S NAME
John Wilson

14. MOTHER'S MAIDEN NAME
Elizabethtown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | If yes, give war or dates of
service)
No

16. SOCIAL SECURITY NO.
no

17. INFORMANT
Elle Werner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause
Leprosy

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last
rusty nail wound

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
Yes No

21. ACCIDENT (Specify)
SUICIDE
HOMICIDE

PLACE (Home, farm, factory, street,
OF office bldg., etc.)
INJURY

TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED
OF INJURY m. While at Not While
Work At work

HOW DID INJURY OCCUR?

1. I hereby certify that I attended the deceased from *4/7*, 19*51*, to *4/19*, 19*51*, that I last saw the deceased

alive on *4/19*, 19*51*, and that death occurred at *9:30* m., from the causes and on the date stated above.

SIGNATURE
Hayward T. Webb, M.D.

DATE SIGNED
4/23/51

23. BURIAL, CREMATION
REMOVAL (Specify)
Burial

DATE THEREOF
4-25-51

NAME OF CEMETERY OR CREMATORIUM
Irony Town Cem

LOCATION (City, town, or county)
Irony Town

(State)
md

DATE REG'D BY LOCAL REG. #

REGISTRAR'S SIGNATURE
N.L. Neerius

24. FUNERAL DIRECTOR
Booker's Mort

ADDRESS
510246 Salisbury

RECEIVED
APR 26 1938
BUREAU W. S.